

- D29 -

EFFICACY OF PRE-TREATMENT BIOPSIES IN PREDICTING FINAL HISTOPATHOLOGY OF ENDOSCOPICALLY RESECTED EARLY MALIGNANCIES IN THE UPPER GASTROINTESTINAL TRACT. R. Bisschops, G. De Hertogh, J. Beck, P. Nafteux, K. Geboes, A. Lerut. KU Leuven.

Endoscopic resection (ER) is an efficient and valuable treatment option for early mucosal well differentiated neoplastic lesions in the upper gastrointestinal tract (Pech 2008). Treatment algorithms are very often based on pathological findings from endoscopically obtained biopsies, however the diagnostic reproducibility of these are not as good as for ER specimens (Mino-Kenudson 2007). The current study aimed to correlate prospectively pre-ER pathological findings to the final pathological diagnosis obtained from the ER specimen(s). Methods : ERs from the upper GI tract were prospectively registered in a database between 2006 and November 2008. ERs were performed using the cap technique or a multiband mucosectomy device in the stomach and the esophagus, or by the lift and snare technique in the duodenum. The worst pathology known from biopsies from neoplastic lesions before ER was compared to the histology of the ER specimen. All biopsies and ER specimens were reviewed by at least two pathologists with specialized expertise in gastrointestinal pathology. Results : We studied the available histology of 100 consecutive ERs in the upper GI tract . ERs were performed in squamous esophagus (4), in Barrett's esophagus (63), in the cardia (6), in the stomach (19) and in the duodenum (8). The final diagnosis included : 4 squamous cancer of the esophagus, 1 columnar lined esophagus, 6 intestinal metaplasia (Barrett), 13 low grade and 13 high grade Barrett's dysplasia, 30 Barrett's adenocarcinomas, 4 adenocarcinomas in the cardia, 4 gastric adenocarcinomas, 12 gastric tubular adenomas with high(6) or low grade dysplasia(5) and 8 tubular adenomas in the duodenum (1 high grade). The overall accuracy of pre-ER biopsies in predicting final histology was 61%. 21% of the lesions were upgraded to a worse pathology. 16 of these 21 lesions were upgraded from low or high grade dysplasia to mucosal cancer or even submucosal cancer. The majority of these lesions (63%) were clearly visible as slightly elevated or depressed lesions : 7 type IIa, 1 type IIc, 2 type IIa-c and 1 type Is lesions. Remarkably, 5 pre-ER biopsies in Barrett's that were classified as high grade dysplasia with suspicion of carcinoma could be formally classified to either dysplasia (3) or carcinoma (2) after staging ER. Finally, 18% of the lesions were downstaged to a more benign final pathology. Conclusion : Endoscopically prelevated biopsies only moderately predict the final diagnosis after endoscopic resection. Reassuring histology in the presence of small visible early lesions should therefore be considered as an indication for staging ER to obtain a final histological diagnosis.

- D30 -

EFFECTS OF DELAYED INTRODUCTION OF CALCINEURIN INHIBITOR ON GFR IN LIVER TRANSPLANT : 12 MONTH DATA FROM A MULTI-CENTRE RANDOMISED CONTROLLED STUDY. J. Pirenne (1), N. Boon (2), I. Colle (3), O. Detry (4), J. Neuberger (5). (1) KU Leuven ; (2) ULB Erasme ; (3) UZ Gent ; (4) ULg Sart Tilman ; (5) Queen Elizabeth Hospital, Birmingham, U.K.

Introduction : Following liver transplantation, late onset renal failure is a significant cause of morbidity and mortality. Interim results of a prospective, randomized, open-label study suggested that an IL2r antibody and mycophenolate mofetil (MMF) with delayed introduction of lower doses of tacrolimus in the immediate post-operative period would lead to less impairment of renal function.

Methods : In a prospective, open-label study of 12 months duration 525 patients undergoing first liver transplant were randomized to either A) tacrolimus (target trough blood level > 10 ng/ml) for the first month (n = 183) ; B) tacrolimus target level d8ng/ml and MMF 1 g bid IV until Day 5, then 1g bid PO (n = 170) ; C) daclizumab on Day 1 (2 mg/kg) and Day 7 (1 mg/kg), MMF as in B and tacrolimus (target level d8ng/ml) introduced on Day 5 (n = 172). Patients received corticosteroids according to local protocol. The primary end-point is change from baseline at week 52 of calculated glomerular filtration rate (cGFR).

Results : In an intention to treat analysis of available data the change from baseline in cGFR (ml/min) after 12 months on study was -23.94, -20.95 and -13.58 in A, B and C respectively (p = 0.007 A v C ; p = 0.128 A v B). In A, B and C respectively : mortality was 9.4%, 11.3% and 6.5%. Rejection requiring pulse immunosuppression therapy was seen in 24.3%, 26.8% and 16.7%.

Conclusion : MMF, IL2r blockade and delayed introduction of lower doses of tacrolimus leads to improved renal function at 12 months posttransplant and this without an increased frequency of rejection, graft loss or death. Because renal failure is a significant cause of morbidity and mortality, this strategy is likely to improve outcome/survival after liver transplantation.